LIBBEY GLASS

Division of Owens-Illinois



Emery Gill. Jr. Plant Manager



June 9, 1981

United States EPA Region 5 Sites Notification Chicago, Illinois 60604

RE: SUPERFUND SECTION 103(c) NOTIFICATION

Dear Sir:

In accordance with the requirements of Section 103(c) of the Comprehensive Environment Response, Compensation, and Liability Act EPA form #8900-1, Notification of Hazardous Waste Site.

While we believe that the enclosed report is consistent with the primary purpose of the notification procedure - to locate hazardous waste sites - it should be pointed out that this notification is based upon information obtained from sources such as personal knowledge, belief, recollection, and reasonably available records. To that extent the notification represents our good faith effort at obtaining both accurate and truthful answers to the questions asked.

You might also note that some of the answers provided are approximations. Here again, these approximations represent our best estimates in view of the available information and the time constraints imposed upon us in gathering this information.

If you should have any questions regarding the information contained in this notification, please contact me at the telephone number listed below.

Very truly yours,

Emery Gill

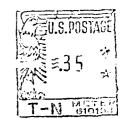
Plant Manager

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LIBBEY GLASS Division of Owens-Illinois C1

Post Office Box 919 Toledo, Ohio 43693

United States EPA Region 5 Sites Notification Chicago, Illinois 60604

First Class

PA: Notification of Hazardous Waste Site United States Environmental Protect Agency Washington DC 20460 Please type or print in ink. If you need This initial notification information is additional space, use separate sheets of required by Section 103(c) of the Comprehensive Environmental Response, Compen-paper, Indicate the letter of the itemsation, and Liability Act of 1980 and must which applies. be mailed by June 9, 1981. 01+5-000-001-385 Person Required to Notify: Owens-Illinois Inc., Libbey Plant 27 Name Enter the name and address of the person or organization required to notity. 940 Ash Street Street To 1 edo Zip Code 43611 Ohio City State R Site Location: Treasure Island Landfill Name of Site Enter the common name (if known) and actual location of the site. Area bordered by Counter, Kalamazoo, York, Manhattan Street County Lucas Zip Code 43611 City <u>Toledo</u> State Ohio Person to Contact: Gill, Emery - Plant Manager Name (Last, First and Title) Enter the name, title (if applicable), and business telephone number of the person Phone 419-247-2262 to contact regarding information submitted on this form. Dates of Waste Handling: Enter the years that you estimate waste Unknown To (Year) 1965 From (Year) treatment, storage, or disposal began and ended at the site. Waste Type: Choose the option you prefer to complete Option 2: This option is available to persons familiar with th Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are Resource Conservation and Recovery Act (RCRA) Section 303 encouraged to describe the site in Item I-Description of Site. regulations (40 CFR Part 261). General Type of Waste: Specific Type of Waste: Source of Waste: EPA has assigned a four-digit number to each hazardous was Place an X in the appropriate Place an X in the appropriate boxes. The categories listed listed in the regulations under Section 3001 of RCRA. Enter boxes. appropriate four-digit number in the boxes provided. A copy of overlap. Check each applicable the list of hazardous wastes and codes can be obtained by category. contacting the EPA Region serving the State in which the sit located. 1. D Organics D Mining 2. Inorganics 2. Construction D - 0043. Solvents 3. Textiles D - 0064. D Pesticides 4. D Fertilizer D - 0075. D Heavy metals 5. □ Paper/Printing D-008 6. D Acids 6. Leather Tanning 7. D Bases 7. Iron/Steel Foundry 8. D PCBs 8. Chemical, General 9. D Plating/Polishing 9. Mixed Municipal Waste 10. ☐ Military/Ammunition 10. D Unknown 11. D Other (Specify) 11. D Electrical Conductors 12. Transformers 13. D Utility Companies 14. Sanitary/Refuse 15. D Photofinish 16. Lab/Hospital 00260 331-881 17. D Unknown 18. D Other (Specify) JUN 11 1981

Form Approved OMB No. 2000-0138 FPA Form 8900:1

	Notification of Hazardous Waste Site	Side Two		200	
E	Waste Quantity:	Facility Type	Total Facility Was	to Amount	
	Place an X in the appropriate boxes to indicate the facility types found at the site. In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.	1. D Piles 2. D Land Treatment 3. XX Landfill 4. D Tanks 5. D Impoundment	cubic fact Indeter	minable 🦾	
			gallons		
			Total Facility Area		
	In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.	6. D Underground Injection	square froi		
		7. D Drums, Above Ground	eges Unknown -	site closed	
	becapy using square rect of acres.	8. D Drums, Below Ground 9. D Other (Specify)	approxima	tely 1965	
G	Known, Suspected or Likely Releases t				
•	Place an X in the appropriate boxes to indicate any known, suspected,			ted 🗆 Likely XX N Know	
	Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and asses hazardous waste sites. Although completing the items is not required, you are encouraged to do so.				
H	Sketch Map of Site Location: (Optional Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.			·	
			,	·	
				,	
1	Description of Site: (Optional)				
	Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.				
				•	
				•	
	•		****	-	
	• •	•	•		
	*To the best of our knowledge we	are unaware of any releas	ses of waste from th	ne site.	
J	Signature and Title:	······································	•		
J	The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person	Owens-Illinois,	Inc:	— ₩ Owner, Presen□ Owner, Past□ Transporter	
		P.O. Box 919			
in no		Toledo sta	100hio 215 cod.: 43693	☐ Operator, Pres ☐ Operator, Past	
		Signature Cracker &	hell	□ Other	